

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin



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EDITOR

TAKE PRECAUTION AGAINST POLIOMYELITIS.

Poliomyelitis is not unduly prevalent in California at the present time. Newspaper reports indicate that it is unusually prevalent in other states, however. The California State Board of Health has no desire to create unnecessary alarm concerning this disease, but since it is epidemic in nearby states, and because of the fact that flare-ups of poliomyelitis generally occur at this time of year, the board has issued the following statement concerning methods for the prevention and the control of the disease:

CALIFORNIA STATE BOARD OF
HEALTH.

Summary Methods of Control of Epidemic
Poliomyelitis

(Infantile Paralysis)

TO PREVENT THE SPREAD OF INFANTILE
PARALYSIS AND TO AVOID CONTRACTING
IT OBSERVE THE FOLLOWING:

- Keep your children off the streets.
- Do not let them play with any child or adult who is not entirely well.
- Keep sick persons who do not belong in your family out of your house.
- Make sure the hands are thoroughly washed before eating.

IN CASE OF SICKNESS.

- If a child or adult in your family appears to be sick or complains of not feeling well immediately separate that person from the rest of the family, and allow no visitors to enter the house.

After waiting on the sick person be sure to wash your hands immediately.

Collect nose and throat discharges in paper napkins, or small pieces of cloth and burn immediately.

Bowel and bladder discharges must be disinfected with a fifty per cent carbolic acid solution, or such other disinfectant as your physician shall advise.

Infantile paralysis is primarily a children's disease, the mortality being twenty per cent, and many who survive remain disabled throughout their life time.

The best way to keep your child from contracting this disease is to keep him away from other children.

TO HEALTH OFFICERS.

Special Bulletin No. 15 on Poliomyelitis gives the rules and regulations for the prevention of this disease.

Period of quarantine shall not be less than three weeks from the beginning of the disease. (Adopted October 6, 1923.)

Special attention should be given to the quarantining of all contacts especially in children where a strict quarantine should be maintained for a period of two weeks. (Adopted October 6, 1923.)

Special attention should be given to the nose, throat and bowel excreta.

Disinfection of bowel and bladder discharges in all cases.

Strict observance of terminal disinfection should be carried out.

The Need For Maintaining Sanitation of Automobile Camps.*

By EDWARD T. ROSS, Chief Sanitary Inspector,

There are at least 1000 automobile camps in California, many of which are kept in excellent sanitary condition. They show the results of careful supervision upon the part of local authorities and reflect great credit upon their owners and the communities in which they are located. Tourists advertise such camps, and the community which provides one of these clean camping places profits greatly through the good advertising and the money which is spent in the locality by tourists. On the other hand there are some camps in which no apparent effort is made to enforce regulations for their sanitation. Such camps are a disgrace to the state and a disgrace to the community in which they are allowed to exist.

The increase in the number of automobile camps during the past two years is enormous. Their number has increased so rapidly in fact, that it is physically impossible for the state's three sanitary inspectors to visit each of these automobile camps during the season. Fully 60 per cent of the total number of camps in the state have been inspected during the past two years, and about 40 per cent of the camps that have been inspected are now in good condition.

Some idea of the volume of automobile travel may be gained in the fact that during the 1923 season at least a million and a quarter people in 350,000 automobiles visited 225 camps scattered throughout the state. In addition to this, the United States Forest Service reports that more than 3,000,000 people visited Forest Reserve Camps in California during the same season.

It is a fact the automobile camp has become a permanent fixture in modern life, and the number of such camps is sure to increase rather than diminish. With the development of new highways many new camps will be established in territory where such camps have heretofore been uncalled for. Their value to the community can not be questioned. Because of the fact that they tend to do away with the promiscuous camping along road sides and streams, where there is no provision for the disposal of wastes, they constitute an important factor in the maintenance of public health. That they constitute a financial asset to a community is shown in the fact that during the season of 1923

*Read at the Sixtieth Annual Conference of California Health Officers, Monterey, October 6-9, 1924.

nearly \$1,000,000 was spent by automobile tourists for camping privileges, supplies, and similar expenditures entirely apart from any money that they may have spent for personal uses. This expenditure (\$1,000,000) concerned only the 225 camps which reported and by no means represents a complete figure.

The regulations of the California State Board of Health for the sanitation of automobile camps represents minimum requirements. Many camps go far beyond the regulations in their provision of elaborate equipment. Camps in which these minimum requirements are not fully maintained have absolutely no right to exist and the quicker they are put out of business or made to conform to the requirements the better for the community and the traveling public.

The state regulations were amended February 3, 1923, so as to cover the sanitation of cottages. The provision of cottages in automobile camps comes as a result of the demand of the touring public for more comfort in camp, and the owners of automobile camps have been forced to comply with this demand and as a result, particularly in the colder portions of the state, we find most camps are providing permanent or semi-permanent cottages. The traveling public is willing to pay the higher rates that the construction of permanent cottages makes necessary. Such buildings must be of sound construction and designed so that they can be kept in a clean condition with as little effort as possible. There can be no turning back from the provision of these requirements. According to the plans of some promoters there will be a great many more permanent structures added to camps during the next few years. In fact many camps will be built entirely on the cottage plan. The promoter of a chain of such permanent camps recently said:

"The tourist camp has not kept pace with the growth of the industry—with the desires of the tourist. Many of the places in which tourists are now compelled to stop leave a bad taste in the mouth. That is detrimental to the industry as a whole and to the state at large. We want these people to be so favorably impressed with California and the Pacific Coast that they will want to stay here. Some of the camps along the highways are not of a character that will cause this desire. Rather they go away disgusted and instead of resolving to remain among us they leave. Please do not misconstrue my statement. I do not mean all of the camps are poor. On the other hand there are a number I have visited that are a credit to the industry and a decided asset to the community in which they are located. One of these is in a city in which we intend to locate. Eventually, of course, the general standard of the tourist camps will be raised. Our program is ex-

tensive but it is not yet ready. When it is we hope to be able to present something that will materially aid in the development of modern living."

This statement indicates the type of automobile camp that may be expected to develop in the immediate future.

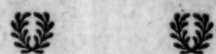
Health officers frequently do not take the interest in automobile camps that might be expected of them. The incidence of communicable diseases is determined to a large extent by travel. While cases of smallpox, diphtheria and other diseases are frequently found in automobile camps, the rather high incidence of typhoid fever in such camps indicates the necessity for the maintenance of strict sanitation in all such places. During the past year, according to the records of the State Board of Health, a large number of cases of typhoid fever have been discovered in California camps. In 1923, 52 such cases were found among tourists, 23 of whom received their infection within the state and 29 of whom were infected outside of California.

So far this year, 25 cases of typhoid fever have been found among tourists in California, 10 of whom were infected within the state and 15 of whom were infected outside of California.

Since typhoid fever is primarily a rural disease and tourists are constantly going from city to country and back to the city, it must be expected that some of them will contract and return with typhoid fever. That there should be proper disposal of wastes in all camps and especially in those where typhoid fever may be discovered, goes without saying. Every health officer is in duty bound to maintain an active interest in the sanitation of automobile camps for this reason, if for no other.

The question as to who should be responsible for the sanitation of camps is a matter that is open for discussion. It has been suggested that all automobile and recreation camps be placed under the sanitary supervision of the state; that legislation be drawn up which would provide for the regular inspection of such places by state inspectors; that camps be allowed to operate only under a permit issued by the state; that a fee for such permit be required, based upon the capacity of the camp; that there should be provision for revoking the permit of any camp owner who does not comply with the regulations. Whether such legislation is advisable or not depends to a large extent upon the attitude of health officers toward such a proposition. It is hoped that the health officers who are present will engage in an open discussion of this subject in

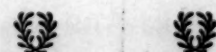
order that we may receive the benefit of their suggestions for improving and maintaining the sanitation of all automobile camps in California.



The Fifty-third Annual Meeting of the American Public Health Association.

A cordial invitation is extended to all interested in public health to attend the fifty-third annual meeting of the American Public Health Association. The place is Detroit, Michigan. The time is October 20-23. Headquarters will be in the Hotel Statler. The Detroit Local Committee, headed by Dr. R. M. Olin, State Health Commissioner, is engaged in arranging matters for your comfort and entertainment. You are assured of a hearty welcome from them and from the officers and members of the Association.

The annual meetings of the Association have long been regarded as the greatest congresses on public health on this continent. The meeting this year will be no exception. Here is provided an opportunity for every type of health worker to meet every other type on a common ground for the discussion of their common problems. The program indicates that this year more than ever before provision has been made for the presentation and discussion of the important topics that are dominating the public health world at the present moment.



Physical health can not be an end in itself. We fail to esteem highly those whose only claim to distinction is exceptional physical strength; nor can longevity itself be considered an end. It is the quality of a life that counts.

But happiness and efficiency are only partly dependent upon physical health. If not on health, on what? Many have jumped to the conclusion that happiness is dependent upon intellectual development and that education "en masse" will solve all problems. But this also is only partly true.

We must admit that the control and direction of our lives, our happiness and efficiency, lies not so much in our intellect, but rather rests with our emotions. Emotions, as well as intellect, mental health as well as physical, must be made a part of the educational program. Standards and ideals must be taught as well as health facts, or no permanent advancement can be made.

In the light of the present complicated task of world reconstruction, we have come to realize that health is indispensable, yet that health alone can not raise our race to its highest existence. To this must be added intelligence and morality—intelligence to control the forces of life, and morality to guide them in the direction of progress and the upbuilding of the race.—Jeanette F. Throckmorton, M.D., Des Moines, Iowa.

MORBIDITY.***Diphtheria.**

151 cases of diphtheria have been reported, as follows: Los Angeles 35, San Francisco 18, Los Angeles County 8, San Jose 8, Alameda County 8, San Diego 5, Pasadena 6, Oakland 13, San Gabriel 1, Redwood City 1, Berkeley 1, Sacramento 2, Fresno County 2, Alameda 1, Glendale 1, Compton 1, Lodi 1, Sonoma County 1, Hawthorne 1, El Segundo 1, San Luis Obispo County 1, San Leandro 1, Sutter County 1, Orange County 1, Albany 1, Pomona 1, Santa Cruz 3, Fresno 3, San Bernardino County 1, Stockton 3, El Cerrito 2, Contra Costa County 1, Antioch 1, Siskiyou County 2, Madera County 1, Sacramento County 2, Alhambra 2, San Bernardino 1, Riverside 2, Modesto 1, San Diego County 1, Stanislaus County 1, Fillmore 1, Yuba City 1, South Pasadena 1.

Measles.

14 cases of measles have been reported, as follows: Albany 1, Stockton 1, Pasadena 3, Los Angeles County 2, Sierra Madre 1, Los Angeles 2, San Francisco 2, Colton 2.

Scarlet Fever.

80 cases of scarlet fever have been reported, as follows: Los Angeles 13, San Francisco 10, Stockton 5, Los Angeles County 7, Alameda County 5, Sonoma County 1, San Joaquin County 2, Covina 1, Pasadena 1, San Bernardino County 1, Riverside 2, Madera 1, El Dorado County 1, Alameda 1, Salinas 1, Glendale 2, Fresno County 3, Chico 1, Bakersfield 1, Orange County 2, Sacramento 2, Ontario 1, San Jose 1, Berkeley 1, Santa Ana 1, Compton 1, Fresno 1, San Diego 1, Modesto 1, San Diego County 2, Santa Barbara 3, Oakland 2, Stanislaus County 1, South Pasadena 1.

Smallpox.

40 cases of smallpox have been reported, as follows: Los Angeles 15, Compton 8, Riverside 2, Los Angeles County 3, Santa Paula 1, Marysville 1, Elsinore 1, Long Beach 1, Sacramento 4, San Francisco 1, Chino 1, Oakland 1, Daly City 1.

Typhoid Fever.

28 cases of typhoid fever have been reported, as follows: Sacramento 6, Los Angeles 4, Los Angeles County 2, San Bernardino County 2, Fresno County 1, Tehama County 1, Humboldt County 1, Long Beach 1, Madera County 4, Bakersfield 1, Santa Clara County 1, Sacramento County 1, Oakland 3.

Whooping Cough.

40 cases of whooping cough have been reported, as follows: Los Angeles 8, Riverside 11, Pasadena 5, Glendale 1, San Jose 2, Berkeley 2, Santa Ana 1, Orange County 1, San Diego 3, Compton 1, Los Angeles County 4, Stockton 1.

Cerebrospinal Meningitis.

2 cases of cerebrospinal meningitis have been reported, as follows: Los Angeles 1, Stanislaus County 1.

Poliomyelitis.

7 cases of poliomyelitis have been reported, as follows: Los Angeles 2, Los Angeles County 2, Pasadena 1, Oakland 2.

Epidemic Encephalitis.

2 cases of epidemic encephalitis have been reported, as follows: Los Angeles 1, San Gabriel 1.

*From reports received on September 29 and 30 for week ending September 27.

COMMUNICABLE DISEASE REPORTS.

Disease	1924				1923			
	Week ending			Reports for week ending Sept. 27 received by Sept. 30	Week ending			Reports for week ending Sept. 29 received by Oct. 2
	Aug. 6	Sept. 13	Sept. 20		Sept. 8	Sept. 15	Sept. 22	
Anthrax	0	0	0	0	1	1	1	0
Cerebrospinal Meningitis	1	1	1	2	3	1	1	0
Chickenpox	23	31	49	48	33	28	35	20
Diphtheria	119	122	127	151	156	124	194	126
Dysentery (Bacillary)	0	1	0	0	0	0	1	0
Epidemic Encephalitis	1	3	2	2	0	2	2	1
Gonorrhoea	62	117	100	97	112	93	170	80
Influenza	3	6	6	9	5	9	13	9
Leprosy	0	0	0	0	0	0	0	0
Malaria	1	4	5	2	2	5	16	3
Measles	17	6	12	14	180	130	292	158
Mumps	31	24	33	37	2	7	8	3
Pneumonia	27	19	25	29	54	30	32	23
Poliomyelitis	2	5	3	7	3	9	12	13
Scarlet Fever	51	45	61	80	49	61	62	44
Smallpox	57	52	66	40	6	10	8	14
Syphilis	99	184	117	104	169	140	81	100
Tuberculosis	95	137	172	170	162	165	169	113
Typhoid Fever	16	29	20	28	27	23	20	11
Whooping Cough	37	57	53	40	39	44	41	19
Totals	642	843	852	860	1003	881	1158	737

CALIFORNIA STATE PRINTING OFFICE